## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K68945

PACKAGING PRODUCTS CORPORATION

FILED Apr 20, 2009 Secretary of State

Entity Name: PACKAGING PRODUCTS CORPORATION							
Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:			
1470 ROY	NG PRODUC AL PALM SQI S, FL 33919	TS CORP. JARE BLVD. US					
Current M	ailing Addre	ess:	New Maili	New Mailing Address:			
PACKAGING PRODUCTS CORP. 1470 ROYAL PALM SQUARE BLVD. FT. MYERS, FL 33919 US			198 HERM	PACKAGING PRODUCTS CORP. 198 HERMAN MELVILLE BLVD NEW BEDFORD, MA 02740 US			
FEI Number:	04-2294997	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired	( )	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
HUGHES S 1470 ROYA	WILLIAM CF SHELL CO. P AL PALM SQI ERS, FL 339	'.A. UARE BLVD.					
The above in the State		submits this statement for the	e purpose of changing	ts registered	office or registered agent, o	r both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered A	gent	Date			
Election Can	npaign Financii	ng Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PSTD ( HEIDENREICH 285 ELM ST. DUXBURY, M		Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	D ( HEIDENREICH 77 MEETINGH DUXBURY, M	OUSE RD.	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	C ( HEIDENREICH 15202 PORTS FORT MYERS	SIDE DR	Title: Name: Address: City-St-Zip:	HEIDENREICH BOX 144; 169	X) Change ()Addition H, T.E. JR I70-3 SAN CARLOS BLVD S, FL 33908 US		
Title: Name: Address: City-St-Zip:	D ( HEIDENREICH 15202 PORTS FORT MYERS	SIDE DR	Title: Name: Address: City-St-Zip:	HEIDENREICH BOX 144; 169	X) Change ()Addition H, JANE 170-3 SAN CARLOS BLVD S, FL 33908 US		
Title:	VPD (	) Delete	Title:	(	) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: T.E. HEIDENREICH, III PRES 04/20/2009

LIPCAN, DANIEL

BOURNE, MA 02532

1 CRANBERRY KNOLL CT

Name:

Address:

City-St-Zip: